## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	Atty	BJS-117-319						
	Dkt.	C#	M#		<u>achments</u> : Supplemental Amer	ıdmı	ent: and	
HERMON-TAYLOR et al	TC/A.U.	1645	141,7		(2) IDS, PTO-1440 Form & cited			
Serial No. 09/646,568	Examiner:	Minnifi	innifield		non-U.S. references			
Filed: November 9, 2000 Date:		December 14, 2010						
Title: DIAGNOSTICS AND VACCINES FOR ANIMALS AND HUMANS	MYCOBACTERI	IAL INFE	CTIONS (	OF				
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
Sir:								
	RESPONSE/AN						<b>L.</b> .	
This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.								
☐ Correspondence Address Ind	ication Forn	n Atta	ched.					
Fees are attached as calculated below:								
Total effective claims after amendment previously paid for 48 (at least		highest k \$52.0	number 0	\$0.00	(1202)/\$0.00 (2202)	\$	0.00	
Independent claims after amendment previously paid for <b>6</b> (at least 3)		highest x \$220.	number 00	\$220.00 (12	201)/\$110.00 (2201)	\$	220.00	
If proper multiple dependent claims now added for first time, (ignore improper); add								
Petition is hereby made to extend the curr paper and attachment(s)	One Two M Three M Four	Month Ionth Exonth Ex Month Ex	Extensions tensions Extensions	filing date of th n \$130.00 (12 \$490.00 (125 \$1110.00 (125 is \$1730.00 (1	203)/\$195.00 (2203) his 51)/\$65.00 (2251) 2)/\$245.00 (2252) 53/\$555.00 (2253) 254/\$865.00 (2254) 55/\$1175.00 (2255)		0.00	
Terminal disclaimer enclosed, add	1 100 10	1011t11 <b>L</b> 7	((0)1010110		314)/ \$70.00 (2814)	\$	0.00	
☐ Applicant claims "small entity" status. ☐ Statement filed herewith								
Rule 56 Information Disclosure Statement	Filing Fee				\$180.00 (1806)	\$	0.00	
Assignment Recording Fee					\$40.00 (8021)	\$	0.00	
Other:						\$	0.00	
					BY CREDIT CARD	\$	220.00	
CREDIT CARD PAYMENT (I					•			
The Commissioner is hereby authorized to charge any <u>deficiency</u> , or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.								
901 North Glebe Road, 11 <sup>th</sup> Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100	By A	Atty: B.	ANDERH J. Sadoff	f, Reg. No. 36,				
BJS:pp	Sigr	nature:			B. J. Sadoff/			